

COUNTY OF LAKE
OFFICE OF THE AUDITOR-CONTROLLER

COUNTY OF LAKE

BUDGET TRANSFER

Fiscal Year: _____

Budget Title: _____
Budget Unit No. _____

Budget Transfer #B _____
(Admin. Office Completes this section)

TRANSFER FROM:

From: Fund _____ Dept _____
(000) (0000)

Account Account Title Amount
(000.00-00)

_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

TRANSFER TO:

To: Fund _____ Dept _____
(000) (0000)

Account Account Title Amount
(000.00-00)

_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Department's explanation of why savings will be available in the account from which the money is requested to be transferred:

Department's justification & explanation of why transfer is necessary (A brief statement such as, "To cover anticipated deficit," is not adequate and, therefore, not acceptable.)

Authorized Department Signature: _____ Date: _____

☐ APPROVED

☐ DENIED

COUNTY ADMINISTRATIVE OFFICER DATE

CHAIRPERSON, BOARD OF SUPERVISORS DATE

Auditor-Controller Use Only

Date _____ JE# _____ By: _____